

State of Washington
Department of Financial Institutions
Securities Division
P.O. Box 9033
Olympia, WA 98507-9033
(360) 902-8760

MUNICIPAL SECURITY NOTICE FILING

*Pursuant to §18(b)(4)(c) of the Securities Act of 1933
& Securities Act Policy Statement - 18
for issuers located outside the State of Washington*

1. CONTACT PERSON

Name_____

Address_____

Phone Number_____ Fax_____ E-Mail_____

2. ISSUER OF SECURITIES

Name_____

Address_____

3. USER OF PROCEEDS

Name_____

Address_____

4. SHORT DESCRIPTION OF SECURITIES COVERED BY THIS NOTICE

5. FEE (*check payable to Washington State Treasurer--minimum fee is \$100 for the first \$100,000 of securities to be offered in Washington, plus 1/20th of 1% for any amount in excess of \$100,000*).

Amount Paid_____

Amount of Securities to be Offered in Washington _____

6. FORM U-2/U-2a UNIFORM CONSENT TO SERVICE OF PROCESS (select one)

___ Is already on file with Washington and is incorporated by reference.

___ Is attached.

7. SIGNATURE

Under penalty of perjury under the laws of the State of Washington, the undersigned certifies that this notice has been filed on behalf of, and with the authority of, the issuer. The undersigned and the issuer represent that the information and statements, and other information filed, are current, true and complete to the best of his or her knowledge, information and belief, and that the securities covered by this notice are covered securities as defined by the National Securities Markets Improvement Act of 1996.

Dated this _____ day of _____, 19_____.

For: _____
(Name of Issuer)

By: _____
(Signature of Authorized Agent of Issuer)

(Print Name)

(Title of Agent for Issuer)

Note: While not required, the issuer may want to include a copy of the offering document, or at least the title page, so that it is clear what securities are intended to be covered by this notice filing.